

## DO/EO BIBLIOGRAPHIC DATA ENTRY

09/601004

SERIAL NUMBER:	09 / 601004	RECEIPT DATE:	07 / 25 / 00
IA NUMBER:	PCT/ JP99 / 00266	IA FILING DATE:	01 / 25 / 99
FAMILY NAME:	TORAICHI	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	KAZUO	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	01 / 26 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	A-371	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 5032240115
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STATE/COUNTRY: OR ZIP: 97204  
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APPLICATION TITLES:  
TWO VARIABLE DATA INTERPOLATING SYSTEM

TAB TO LAST POSITION,PUSH SEND



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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/601,004	<b>FILING DATE</b> 09/11/2000 <b>RULE</b> -	<b>CLASS</b> 700	<b>GROUP ART UNIT</b> 2121	<b>ATTORNEY DOCKET NO.</b> A-371
<b>APPLICANTS</b> Kazuo Toraichi, Saitama, JAPAN; <span style="margin-left: 20px;">CD</span> Kouichi Wada, Ibaraki, JAPAN;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A 371 OF PCT/JP99/00266 01/25/1999 <span style="margin-left: 20px;">CD</span>				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 10-27770 01/26/1998 <span style="margin-left: 20px;">CD</span>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 10/05/2000</b> -				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <span style="margin-left: 20px;">Allowance</span> <span style="margin-left: 20px;">CD</span> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 7
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b>				
802				
<b>TITLE</b>				
Two-dimensional data interpolating system				
<b>FILING FEE RECEIVED</b> 970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	